

8574

If any item can not be obtained insert the word "unknown." Make every effort possible to secure this information. Incorrect certificate will be returned for correction.

PLACE OF DEATH			Arizona Territorial Board of Health BUREAU OF VITAL STATISTICS	
COUNTY OF MARICOPA	ORIGINAL CERTIFICATE OF DEATH		99	332
DISTRICT OF PHOENIX	TERRITORIAL INDEX NO.		657	
TOWN OR CITY OF PHOENIX	COUNTY REGISTERED NO.		795	
NO. <u>St. Luke's Home</u>		LOCAL REGISTRAR'S NO. <u>795</u>		
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)				
FULL NAME <u>Albert T. Blake</u>				
PERSONAL AND STATISTICAL PARTICULARS.			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR or RACE White <input checked="" type="checkbox"/> Indian Black <input type="checkbox"/> Chinese Mexican <input type="checkbox"/>	SINGLE <input checked="" type="checkbox"/> MARRIED WIDOWED or DIVORCED	DATE OF DEATH <u>Nov.</u> <u>9</u> 19 <u>10</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Do not know</u> 19 <u> </u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>Nov.</u> 19 <u>10</u> to <u>Nov. 9.</u> 19 <u>10</u> ; that I last saw him alive on <u>Nov. 2</u> 19 <u>10</u> and that death occurred on the date stated above at <u>3 a.m.</u> The DISEASE or INJURY causing Death was as follows: <u>Pulmonary tuberculosis</u>	
AGE <u>24</u> yrs. <u> </u> mos. <u> </u> days <u> </u> hrs., or <u> </u> min.			<u>6</u> (Duration) yrs. <u> </u> mos. <u> </u> days	
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)			Was disease contracted in Arizona? <u>no</u>	
BIRTHPLACE (State or country) <u>England</u>			If not, where? <u>England</u>	
PARENTS	NAME OF FATHER <u>Mr E. Blake</u>		CONTRIBUTORY	
	BIRTHPLACE OF FATHER (State or country) <u>England</u>		(Duration) yrs. mos. days	
	MAIDEN NAME OF MOTHER <u>Do not know.</u>		(Signed) <u>Roy E. Thomas</u> M. D.	
	BIRTHPLACE OF MOTHER (State or country) <u>England</u>		19 <u> </u> (Address)	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <u>Bessie Haddrell</u>				
(Address) <u>444 E. Adams.</u>				
PLACE OF BURIAL OR REMOVAL <u>H. P. Cemetery</u>		DATE OF BURIAL OR REMOVAL <u>Nov 10</u> 19 <u>10</u>		
UNDERTAKER <u>Mohr</u>		ADDRESS <u>Phoenix Ariz</u>		